

U.S. Equal Employment Opportunity Commission

EEOC FORM 131 (11/09)

<p>Ms. Miriam J. Dyblec HR CLEVELAND CLINIC LERNER RESEARCH INSTITUTION 9500 Euclid Ave Cleveland, OH 44195</p>	PERSON FILING CHARGE
	<p>Yusong Gong</p> <p>THIS PERSON (check one or both)</p> <p><input checked="" type="checkbox"/> Claims To Be Aggrieved <input type="checkbox"/> Is Filing on Behalf of Other(s)</p> <p>EEOC CHARGE NO. 532-2014-01535</p>

NOTICE OF CHARGE OF DISCRIMINATION

(See the enclosed for additional information)

This is notice that a charge of employment discrimination has been filed against your organization under:

Title VII of the Civil Rights Act (Title VII) The Equal Pay Act (EPA) The Americans with Disabilities Act (ADA)

The Age Discrimination in Employment Act (ADEA) The Genetic Information Nondiscrimination Act (GINA)

RECEIVED

JUL 24 2014

The boxes checked below apply to our handling of this charge:

- No action is required by you at this time.
- Please call the EEOC Representative listed below concerning the further handling of this charge.
- Please provide by **25-AUG-14** a statement of your position on the issues covered by this charge, with copies of any supporting documentation to the EEOC Representative listed below. Your response will be placed in the file and considered as we investigate the charge. A prompt response to this request will make it easier to conclude our investigation.
- Please respond fully by **25-AUG-14** to the enclosed request for information and send your response to the EEOC Representative listed below. Your response will be placed in the file and considered as we investigate the charge. A prompt response to this request will make it easier to conclude our investigation.
- EEOC has a Mediation program that gives parties an opportunity to resolve the issues of a charge without extensive investigation or expenditure of resources. If you would like to participate, please say so on the enclosed form and respond by **06-AUG-14** to **Deanna R. Jackson, ADR Staff Mediator, at (216) 522-2420**
If you DO NOT wish to try Mediation, you must respond to any request(s) made above by the date(s) specified there.

LAW DEPARTMENT

For further inquiry on this matter, please use the charge number shown above. Your position statement, your response to our request for information, or any inquiry you may have should be directed to:

Leona J. Smith,
Acting Intake Supervisor

EEOC Representative

Telephone **(216) 522-7515**Cleveland Field Office
EEOC, AJC Fed Bldg
1240 E 9th St, Ste 3001
Cleveland, OH 44199
Fax: (216) 522-7395Enclosure(s): Copy of Charge

CIRCUMSTANCES OF ALLEGED DISCRIMINATION

Race Color Sex Religion National Origin Age Disability Retaliation Genetic Information Other

See enclosed copy of charge of discrimination.

Date July 23, 2014	Name / Title of Authorized Official Connie Davis, Acting Enforcement Manager	Signature CD/th
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EXHIBIT
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CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC Agency(ies) Charge No(s): 532-2014-01535	
Ohio Civil Rights Commission <small>State or local Agency, if any</small>			
Name (indicate Mr., Ms., Mrs.) Ms. Yusong Gong		Home Phone (Incl. Area Code) (734) 913-0977	Date of Birth 10-14-1963
Street Address 4937 North Ridgeside Circle		City, State and ZIP Code Ann Arbor, MI 48105	
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name CLEVELAND CLINIC FOUNDATION		No. Employees, Members 500 or More	Phone No. (Include Area Code) (216) 444-3900
Street Address 9500 Euclid Avenue		City, State and ZIP Code Cleveland, OH 44195	
Name RECEIVED JUL 22 2014 OEFO - EEOC		No. Employees, Members Phone No. (Include Area Code)	
Street Address DISCRIMINATION BASED ON (Check appropriate boxes) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify)		DATE(S) DISCRIMINATION TOOK PLACE Earliest 08-11-2013 Latest 08-11-2013 <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): On September 24, 2012, I was hired by the above named Respondent. My most recent position was Sr. Research Technologist. On August 11, 2013, I was discharged.			
In October 2012, I was diagnosed with a medical condition. On February 20, 2013, I submitted a medical restriction note to my supervisor, Timothy Mishrall. On March 10, 2013, I met with Mirian Dybies, Human Resources, and she informed me that I could no longer perform my job duties with the restrictions and forced me to take short term medical leave immediately.			
On August 11, 2013, I was discharged from my employment.			
I believe I was discharged due to my disability in violation of the Americans with Disabilities Act of 1990, as amended.			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - When necessary for State and Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT 7/14/2014 + Yusong Gong <small>Date Charging Party Signature</small>	
SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE <small>(month, day, year)</small>			